

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Winkelman

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Francisca Soto
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
[If child is not yet named, make supplemental report, as directed.]

3. Sex of Child female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Nov. 29, 1927
Month Day Year

8. FATHER
Full name Jesus Soto

9. Residence Winkelman-
(Usual place of abode) Ariz
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Fresno
(State or country) Arizona

13. Occupation Laborer
Nature of industry Copper Smelter

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Amalia Barela

15. Residence Winkelman
(Usual place of abode) Ariz
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Sonora
(State or country) Mexico

19. Occupation _____
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Amelia Barela-Mother
(Physician or midwife).
Address Winkelman, Ariz.

Given name added from a supplemental report. _____
Month, day, year _____
Filed Dec 17, 1927 P. G. Hutton
Local Registrar.

Registrar _____
County Registrar.

426-1129-121